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Bib Data Sheet

CONFIRMATION NO. 7250

<b>SERIAL NUMBER</b> 10/039,220	<b>FILING DATE</b> 01/04/2002 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2682	<b>ATTORNEY DOCKET NO.</b> 1365.060US1
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**APPLICANTS**  
Yiu Fai Ko, London, UNITED KINGDOM;  
Robert W.A. Dobson, London, UNITED KINGDOM;

**\*\* CONTINUING DATA \*\*\*\*\***  
NONE *AR*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
UNITED KINGDOM 0128168.2 11/23/2001  
*yes, m*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
**\*\* 02/08/2002**

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 60	<b>INDEPENDENT CLAIMS</b> 10
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>m</i>	Verified and Acknowledged Examiner's Signature _____ Initials _____			

**ADDRESS**  
21186

**TITLE**  
Network testing systems

<b>FILING FEE RECEIVED</b> 1089	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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<b>APPLICANTS</b> Yiu Fai Ko, London, UNITED KINGDOM; Robert W.A. Dobson, London, UNITED KINGDOM;				
<b>** CONTINUING DATA *****</b> None				
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0128168.2 11/23/2001 yes, m				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 02/08/2002				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 60
Verified and Acknowledged Examiner's Signature _____ Initials _____			<b>INDEPENDENT CLAIMS</b> 10	
<b>ADDRESS</b> AIR MAIL ACTIX LIMITED 200 HAMMERSMITH ROAD LONDON, W6 7DL UNITED KINGDOM				
<b>TITLE</b> Network testing systems				
<b>FILING FEE RECEIVED</b> 1089	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	